



PLUMBING PERMIT APPLICATION
CITY OF WASHINGTON

102 E. SECOND ST.

WASHINGTON, NC 27889

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DATE _____

PLUMBING CONTRACTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

E-MAIL _____ LICENSE # _____

JOB ADDRESS _____

OWNER _____ PHONE # _____

COST OF PROJECT: \$ _____

Type of Building

() Residential () Commercial

Type of Work

() New () Addition () Alteration () Repair () Gas Piping

Number of each type of fixture:

_____ Water Closets

_____ Bathtubs (Including Whirlpools)

_____ Lavatories

_____ Sinks

_____ Showers

_____ Urinals

_____ Washing Machines

_____ Water Heaters

_____ Floor Drains

_____ Floor Sinks

_____ Drinking Fountains

_____ Sewer Line

_____ Gas Lines

_____ Service Water Line

_____ Other

Brief Description of Work _____

Authority to File Application

I hereby agree to conform to all applicable laws and regulations of the City of Washington, Beaufort County and State of North Carolina, and certify that the above information, accompanying documents and property owner's acknowledgement are complete, true and accurate to the best of my knowledge. In addition, I acknowledge that by filing this application, representatives from the City of Washington Inspections Department may enter the subject property for the purpose of investigation and analysis of this request.

Applications will not be processed without signature.

Applicant Signature: _____ Permit Fee _____